

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved by
Office of Management
and Budget
No. 1215-018
Expires 11-30-08

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 436 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3562</u>	2. Fiscal Year Covered From: <u>7/7/2007</u> Through: <u>12/31/2008</u>
3. Name and address of person filing. Name <u>James B Johnson</u> P.O. Box, Bldg., Room No., if any <u>Suite 200</u> Street <u>1750 New York Ave NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20006</u>	4. Name, file number, and address of labor organization. Name <u>International Assoc. of Fire Fighters</u> Labor Organization File Number <u>000-317</u> P.O. Box, Building and Room Number, if any _____ Street <u>SAME</u> City _____ State _____ ZIP Code + 4 _____
5. Position in labor organization. <u>Vice President</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. <u>N/A</u> 7.b. Amount. <u>N/A</u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>7/8/08</u> Date <u>937-970-9340</u> Telephone Number

Name of Person Filing <u>James B. Johnson</u>		File Number U- <u>3567</u>	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>Woodley + McMillan</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>Suite 400</u></p> <p>Street <u>1125 15th St NW</u></p> <p>City <u>Washington</u></p> <p>State <u>D.C.</u> ZIP Code + 4 <u>20005</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
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<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: large; text-align: center;"><u>General Counsel to IATF</u></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <u>1,073,225.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: large; text-align: center;"><u>Christmas gift basket</u></p> <hr/> <p>12.b. Amount. <u>49.95</u></p>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Name of Person Filing <u>James B. Johnson</u>	File Number U- <u>3562</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Woodley & McMillan
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any Suite 400
Street 1125 15th ST. NW
City Washington
State D.C. ZIP Code + 4 20005

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

11.a. Nature of such dealing.

General Counsel to IAFF

11.b. Approximate dollar value of such dealing.

1,073,225.00

12.a. Nature of interest held or income received.

Diarrhoe Oct 6, 2004

12.b. Amount.

\$121.30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name _____
Trade Name, if any: _____
P.O. Box, Bldg., Room No., if any _____
Street _____
City _____
State _____ ZIP Code + 4 _____

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.